

## **Incident Report**

Print Date/Time: 09/26/2016 10:40

Login ID: ss0100

Lake Stevens Police Department

Male

01/25/1995

ORI Number: WA0311900

Incident: 2016-00018595

Incident Date/Time: 9/19/2016 6:02:00 PM
Location: 113TH AVE NE / SR 92

LAKE STEVENS WA 98258

**Phone Number:** 

Report Required: Yes
Prior Hazards: No

LE Case Number:

Incident Type: Collision

Venue: Lake Stevens

Source: Officer-Initiated

White

Priority: 3
Status: 3

Nature of Call:

Unit/Personnel

Unit Personnel

19N3 SS0130-Rutherford

Person(s)

No. Role Name Address Phone Race Sex DOB

Reporting Party CATRON, ZACHERY 712 CENTER RD

**KYLE** 

Everett WA 98203

Vehicle(s)

Role Type Year Make Model Color License State

Involved Vehicle AMV8916

ATL/BOLO

Plate Inquiry Plate Inquiry

Involved Vehicle Motorcycle 1995 Kawasaki CYL 2E4625

Disposition(s)

**Disposition** Count

O 1 R 1

Property

Date Code Type Make Model Description Tag No. Item No.

## **CAD Narrative**

09/19/2016: 18:27:43 SP0420 Narrative: TOW CANCELLED

09/19/2016:18:13:23 SP0420 Narrative: SVR Notes: SPEEDWAY TOW ER

09/19/2016: 18:08:13 SP0397 Narrative: NEED TOW OWNERS REQ

09/19/2016: 18:07:47 SP0397 Narrative: DRIVER DWLS 2ND

09/19/2016: 18:04:09 SP0397 Narrative: MC 2E4525, RIDER UP AND WALKING

09/19/2016 : 18:03:36 SP0397 Narrative: NON INJ 09/19/2016 : 18:03:24 SP0397 Narrative: ADV LKS 09/19/2016 : 18:02:08 SP0397 Narrative: 2E45

## **COLLISION REPORT**

	STATE OF WASHINGTON POLICE TRAFFIC REPORT NO. E586314	2 3									
	COLLISION REPORT										
1 1	STATE ROUTE OTHER OTHER LOCAL AGENCY CODING										
2 2	COUNTY RD PRIVATE WAY NOULYED TOTAL # OF OBJECT										
	TRIBAL RESERVATION  M M D D Y Y Y Y TIME (2400) COUNTY# MILES  CITY#										
<u>"</u>	DATE OF COLLISION 09 - 19 - 2016 1755 31 N N S W OF 0664										
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	0 1									
а	MILE POST										
5	DISTANCE  OF (REFERENCE OR CROSS STREET)  E										
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE										
1	LAST NAME CATRON FIRST NAME ZACHERY MIDDLE INITIAL K										
	STREET 712 CENTER ROAD NEW ADDRESS 712 CENTER ROAD										
,	CITY EVERETT JUNCTION ST WA ZIP 98203	1 2									
	CDL RESTRICTIONS ENDORSEMENTS 2										
8	DRIVER'S LICENSE # CATROZK053B5 STATE WA SEX M D.O.B. MMDDYYYY 01 _ 25 _ 1995										
	ON DUTY STATUS AIRBAG 2 RESTR. 1 EJECT 1 HELMET USE SHOULDER PAIN  NATURE OF INJURIES SHOULDER PAIN										
5 5	LICENSE PLATE # ZE4625 STATE WA VIN#										
	TRAILER PLATE # STATE PLATE # STATE										
4	1995 KAWK YES NO	FROM TO									
	LIARII ITV INSLIRANCE I INSURANCE CO	ROM TO									
1	N EFFECT   8 POLICY #   9 TOP   10 SOTTOM   5   10 SOTTOM										
		4									
	LAST NAME FIRST NAME MIDDLE INITIAL										
	STREET NEW ADDRESS										
	OITY ST ZIP										
	CDL RESTRICTIONS ENDORSEMENTS										
	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY										
П	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES										
	LICENSE PLATE # STATE VIN#										
	TRAILER PLATE # STATE TRAILER PLATE # STATE	1									
	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT-YEHICLE NO										
	REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA  2 3 4										
	LIABILITY INSURANCE INSURANCE CO & POLICY # CHARGE  INSURANCE INSURANCE CO & POLICY # CHARGE  CHARGE  CHARGE										
	STANDING   8 7 6										
	PART A 3000-345-159 R (7/06)										





CORRECTION

REPORT NO.

E586314

CASE #

2016-00018595

			ADDIT	IONAL	PERSONS INVO	DLVED (PAS	SENG	ER\$ AND	OR WITN	ESSE	S ONL	Y)			
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)  NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #									SEX		D.O.E MMDDYY			_	
PASSENGER	WITNESS U	NIT #	1	SEAT POS.	AIRBAG	RESTR.		EJECT		MET SE	1	NJURY CLASS		NATURE OF INJ	URIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #									SEX		D.O.E MMDDYY			_	
PASSENGER 1	WITNESS U	NIT #		SEAT POS.	AIRBAG	RESTR.		EJECT		MET SE		NJURY CLASS		NATURE OF INJ	URIES
NAME (LAST, FIRST, MIDDLE	INITIAL)			•	·										
ADDRESS & PHONE #									SEX		D.O.E			_	
PASSENGER 1	WITNESS U	NIT #		SEAT POS.	AIRBAG	RESTR		EJECT				NJURY CLASS		NATURE OF INJ	URIES
						NARRA	TIVE	<u> </u>							
NARRATIVE  Veh 1 was travelling W/B on SR92 approaching the roundabout at 113th Avenue NE. The rider said that as he entered the roundabout he was cut off by a black vehicle. The rider said that as he entered the roundabout he was cut off by a black vehicle. The rider said that he could provide no further identification of the vehicle that cut him off. There was no contact between vehicles and it appears by the debris field left from the motorcycle that the motorcycle is actually the vehicle that failed to yeild. The debris field is on the east side of the roundabout and it appears that the other vehicle was already circling the roundabout. The rider's driving status was DWLS 2 and he did not have a motorcycle endorsement. I believe that the rider was inexperienced and locked up the brakes on the bike, causing him to dump the bike.  ***** AUTO-POPULATED SECTION ****  THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":  Motor Vehicle Unit 1  Traffic Control: ROUNDABOUT  ***** END OF AUTO-POPULATED SECTION ****															
CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)										A.72.085)					
R. RUTHERFORD 09-19-16 11:44 PM															
NVESTIGATING OF		JRE	<del></del> ,	UNIT	OR DIST. DET	DAT			DATE		CE SIGN				
BOB SUMMERS	0079									20/20	16 5:22	:26 AM			
BADGE OR ID #	0130		ORI#	WA031	1900		Т	IME POLICE [	DISPATCHED	6:0	2 <i>PM</i>		TIME P	OLICE ARRIVED	6:07 PM

**REPORT NO.** E586314

CASE#

2016-00018595

DATE AND TIME OF COLLISION 09/19/16 17:55

